



ADDITIONAL INSURED

Refer to Supplemental Declarations if information is not shown on this form.

The coverage under this endorsement is subject to the *terms* contained in the General Policy Provisions.

Name and Address of Person or Organization: _____

Interest: _____

Location of Premises: _____

The definition of *insured* includes the person or organization named in this endorsement with respect to:

Coverage A - Residence,

Coverage B - Related Private Structures on the Premises.